

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to Provisional and PCT International Applications)	Attorney's Docket No.																								
<p>As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p><u>Presensitized Plate for Preparing Lithographic Printing Plate</u></p>																									
<p>the specification of which (check only one item below):</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as United States application Number _____ on _____ and was amended on _____ (if applicable).</p> <p><input type="checkbox"/> was filed as PCT international application Number _____ on _____ and was amended on _____ (if applicable).</p>																									
<p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p>																									
<p>I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.</p>																									
<p>I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(e) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p>																									
<p>PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">COUNTRY (if PCT, indicate "PCT")</th> <th style="width: 25%;">APPLICATION NUMBER</th> <th style="width: 25%;">DATE OF FILING (day, month, year)</th> <th style="width: 25%;">PRIORITY CLAIMED UNDER 35 U.S.C. §119</th> </tr> </thead> <tbody> <tr> <td>Japan</td> <td>2002-264005</td> <td>10/9/2002</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>		COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §119	Japan	2002-264005	10/9/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §119																						
Japan	2002-264005	10/9/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
			<input type="checkbox"/> Yes <input type="checkbox"/> No																						
			<input type="checkbox"/> Yes <input type="checkbox"/> No																						
			<input type="checkbox"/> Yes <input type="checkbox"/> No																						
			<input type="checkbox"/> Yes <input type="checkbox"/> No																						
<p>I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> _____ (Application Number) </div> <div style="text-align: center;"> _____ (Filing Date) </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> _____ (Application Number) </div> <div style="text-align: center;"> _____ (Filing Date) </div> </div>																									

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONT'D) (Includes Reference to Provisional and PCT International Applications)	Attorney's Docket No.
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

FULL NAME OF SOLE OR FIRST INVENTOR Kazuo FUJITA	SIGNATURE <i>Kazuo Fujita</i>	DATE August 28, 2003
RESIDENCE Haibara-gun, Shizuoka-ken, JAPAN	CITIZENSHIP JAPAN	
POST OFFICE ADDRESS c/o Fuji Photo Film Co., Ltd., No. 4000, Kawashiri, Yoshida-cho, Haibara-gun, Shizuoka-ken, JAPAN		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		